2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734093

1. Entity Name

CORAL GABRES POLICE BENEVOLENT ASSOCIATION,

INC.

Principal Place of Business

7350 CORAL WAY MIAMI, FL 33155 Mailing Address

2801 SALZEDO STREET CORAL GABLES, FL 33134

US

FILED Jul 17, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

07072006 No Chg-NP CR2E0

CR2E037 (4/06)

4. FEI Number 59-1649174

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAUE, RICHARD 2801 SALZEDO STREET CORAL GABLES, FL 33314

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	named entity submits this statement for the ilons of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and the	tle if applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
D	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD NAUE, RICHARD 2801 SALZEDO ST CORAL GABLES, FL 33134		,	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUDAK, EDWARD J 2801 SALZEDO ST CORAL GABLES, FL 33134				000000570739 07/18/06-80006-008 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, WAYNE D 2801 SALZEDO ST CORAL GABLES, FL 33134	·	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREVOLA, MICHAEL 2801 SALZEDO ST NERT MIAMI, FL 33134				
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachprent with an address, with all gother like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06 345 460-5420